**Probate - Case Manager’s Report**

|  |  |  |  |
| --- | --- | --- | --- |
| IN THE MATTER OF:  |       | Case Number MI- |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Hearing Date |       |  |  |
|  |
|  **[ ]  Central Clinic**  |  **[ ]  GCBHS**  |  **[ ]  Talbert House**  |  **[ ]  LYS**  |  **[ ]  VA**  |
| **[ ]  New Path**  |  **[ ]  Central Connection**  | **[ ]  Other:**  |        |

**Answer All Questions:**

|  |  |
| --- | --- |
| 1. How long have you been this client’s case manager?
 |       |
| 1. Is there a diagnosis in the client’s record? Indicate diagnoses below:
 | **[ ]** None on record |
|       |
| 1. What symptoms of mental illness did you observe in your most recent contact?
 | Date of contact:       |
|       |
| 1. Does the client have a history of not keeping appointments for treatment or stopping medications? Explain below
 | [ ]  Yes [ ]  No |
|       |
| 1. Would the client discontinue treatment or medications if not under community probate?
 | [ ]  Yes [ ]  No [ ]  Not Sure |
| 1. Is the client currently taking medications?
 | [ ]  Yes [ ]  No [ ]  Not Sure |
| 1. Is the client currently compliant with the outpatient treatment plan? If not, please fill out the following below
 | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| 1. Phone calls- date(s)/time(s) called, able to reach, left message, unable to leave a message, etc.
 |       |

|  |  |
| --- | --- |
| 1. Mailing(s) dates:
 |       |

|  |  |
| --- | --- |
| 1. Home visit(s) dates
 |       |

|  |  |
| --- | --- |
| 1. Last appointment with MD/prescriber or CM
 |       |

|  |  |
| --- | --- |
| 1. Date(s) No-Shows/Rescheduled appointments
 |       |
| 1. Is this client dangerous to self when not taking medication or when seriously ill? If yes, give examples below
 | [ ]  Yes [ ]  No |
|       |

|  |  |
| --- | --- |
| 1. Is this client dangerous to others when not taking medications or when seriously ill? If yes, give examples
 | [ ]  Yes [ ]  No |
|       |

|  |  |
| --- | --- |
| 1. Is this client unable to take care of own basic needs when not taking medication or when seriously ill? if yes, explain below
 | [ ]  Yes [ ]  No |
|       |

|  |  |
| --- | --- |
| 1. Do you think this client should be continued on community probate? Explain why below
 | [ ]  Yes [ ]  No |
|       |

**Projected Date for Voluntary Treatment**

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Signature of Case Manager | Date of Report |
|       |  |       |
| Printed Name of Case Manager  | Case Manager’s Phone Number |

Probate Case Manager Report 6/6/23